TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
UT Health Tyler

Respondent Name
Property & Casualty Ins Co of Hartford

MFDR Tracking Number
M4-21-1574-01

Carrier's Austin Representative
Box Number 47

MFDR Date Received
May 6, 2021

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "DOS not paid. 96374 should be allowed separate from the 99285 25 because of the modifier."

Amount in Dispute: $361.99

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Services were processed in accordance with Texas Guidelines, 28 TAC §134.403."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 12, 2021	Outpatient Hospital Services	$361.99	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient hospital services.
3. The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:
    - 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
    - 802 – Charge for this procedure exceeds the OPPS schedule allowance

- 906 – In accordance with clinical based coding edits (Correct coding initiative/outpatient code editor) Component code of comprehensive medicine, evaluation and management services proced (9000-99999) has been disallowed
- P12 – Workers' compensation jurisdictional fee schedule adjustment

Issues

1. Is the requestors' position supported?
2. What is the applicable rule for determining reimbursement for the disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking additional reimbursement in the amount $361.99 for outpatient hospital services rendered in March 2021. The insurance carrier denied code 96374 based on NCCI edits. Review of the NCCI edits found at www.cms.gov finds there is an existing edit between codes 96374 and 99285. The requestor states, "96374 should be allowed separate from the 99285 25 because of the modifier." The modifier 25 indicates a "significant and separately identifiable procedure." Review of the submitted medical record found the administration of IV fluids represented by this code is not separately identifiable from the emergency room visit. The insurance carriers' denial is supported. The disputed fee guideline for all allowed services is discussed below.

2. 28 TAC §134.403 (d) requires Texas workers' compensation system participants when coding, billing, reporting and reimbursement to apply Medicare payment policies in effect on the date of service.

   The Medicare payment policy applicable to the services in dispute is found at www.cms.gov, Claims processing Manual, Chapter 4, Section 10.1.1. Specifically, Payment Status Indicators and Ambulatory Payment Category (APC).

   28 TAC 134.403 (f) states in pertinent part the reimbursement calculation used for establishing the MAR shall be the Medicare facility specific amount, including outlier payment amounts, determined by applying the most recently adopted and effective Medicare Outpatient Prospective Payment System (OPPS) reimbursement formula and factors as published annually in the *Federal Register.*. The sum of the Medicare facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by 143 percent when a separate request for implant reimbursement is not made and 130 percent when separate reimbursement for implants is made.

   The Medicare facility specific amount is calculated when the APC payment rate is multiplied by 60% to determine the labor portion. This amount is multiplied by the facility wage index for the date of service. The non-labor amount is determined when the APC payment rate is multiplied by 40%. The sum of the labor portion multiplied by the facility wage index and the non-labor portion determines the Medicare specific amount. Review of the submitted medical bill and the applicable fee guidelines referenced above is shown below.

   - Procedure code 96374 has a CCI edit with code 99285. The insurance carriers' denial is supported, no payment recommended.
   - Procedure code 36415 has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.
   - Procedure code 80053 has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.
   - Procedure code 85025 has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.
   - Procedure code G0480 has status indicator Q4, for packaged labs; reimbursement is included with payment for the primary services.

- Procedure code 99285. When billed without observations charges, this code is assigned APC 5025 with a status indicator of V. The OPPS Addendum A rate is $522.12.

  This is multiplied by 60% for an unadjusted labor amount of $313.27, in turn multiplied by facility wage index 0.8348 for an adjusted labor amount of $261.52.

  The non-labor portion is 40% of the APC rate, or $208.85.

  The sum of the labor and non-labor portions is $470.37.

  The Medicare facility specific amount is $470.37.

  This is multiplied by 200% for a MAR of $940.74.

- Procedure code 70553 is assigned APC 5572. The OPPS Addendum A rate is $368.12.

  This is multiplied by 60% for an unadjusted labor amount of $220.87, in turn multiplied by facility wage index 0.8348 for an adjusted labor amount of $184.38.

  The non-labor portion is 40% of the APC rate, or $147.25. The sum of the labor and non-labor portions is $331.63.

  The Medicare facility specific amount is $331.63.

  This is multiplied by 200% for a MAR of $663.26.

3. The total recommended reimbursement for the disputed services is $1,604.00. The insurance carrier paid $1,614.58. Additional payment is not recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has not established payment is due. As a result, the amount ordered is $0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to $0.00 additional reimbursement for the services in dispute

Authorized Signature

		May 27, 2021
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.